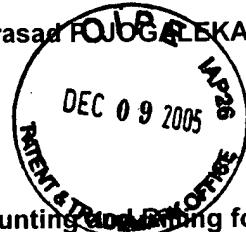


## TRANSMITTAL FORM

Attorney Docket No.  
M11640/2671PIn re the application of: **Prasad POOGALEKAR**Serial No: **09/895,766**Filed: **June 29, 2001**Confirmation No: **6914**Group Art Unit: **2664**Examiner: **Fox, Jamal A.**For: **Policy Based Accounting and Planning for Network Services**

## ENCLOSURES (check all that apply)

<input type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	<input type="checkbox"/> After Final	<input checked="" type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief
<input type="checkbox"/>	<input type="checkbox"/> Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	<input type="checkbox"/> (X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts		*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from _____ to _____.		
	<input type="checkbox"/> Executed Declaration by Inventor(s)				

## CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEES
Total Claims	18	26	0	\$ 50.00	\$ 0.00
Independent Claims	5	7	0	\$200.00	\$ 0.00
				Total Fees	\$ 0.00

## METHOD OF PAYMENT

Check no. 9453 in the amount of \$715.00 is enclosed for payment of fees (\$700-Issue Fee and \$15-Advanced Order Copy Fee).

Charge \$ \_\_\_\_\_ to Deposit Account No. \_\_\_\_\_ (Account Holder Name) for payment of fees.

Charge any additional fees or credit any overpayment to Deposit Account No. 02-2120 (Sawyer Law Group LLP).

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name Joseph A. Sawyer Jr., Reg. No. 30,801

Signature

Date December 6, 2005

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 6, 2005

Type or printed name Jinny Nguyen

Signature